

ADHS Immunization Data Report: Due by November 15, 2006

Childcare, Preschool, Pre-K and Head Start

Form 108

List only children born on or after October 1, 2001 on this form. Do not include enrolled children born before October 1, 2001.

Name of Child Care Center		License Number	Phone				
			Fax				
Mailing Address, City & Zip		County	Director or Contact Person				
		0-17 months	Official Use Only		18-60 months	Official Use Only	
1. Attendance							
2. Immunization Records on File							
3. DTaP/DTP/DT4+ (doses)							
3							
2							
1							
0							
TOTAL (EQUALS ATTENDANCE)							
4. OPV/IPV3+ (doses)							
2							
1							
0							
TOTAL (EQUALS ATTENDANCE)							
5. MMR2 (doses)							
1							
0							
TOTAL (EQUALS ATTENDANCE)							
6. Hib4 (doses)							
3							
2							
1							
0							
TOTAL (EQUALS ATTENDANCE)							
7. Children complete with ALL doses: 4+ DTaP, 3+ Polio and 1+ MMR		YES					
		NO					
TOTAL (EQUALS ATTENDANCE)							
8. Hep A2 (doses)							
1							
0							
TOTAL (EQUALS ATTENDANCE)							
9. Hep B3+ (doses)							
2							
1							
0							
TOTAL (EQUALS ATTENDANCE)							
10. Varicella1 (dose)							
How many children have history of chicken pox disease?							
How many children have no history of chicken pox and no varicella vaccine doses?							
TOTAL (EQUALS ATTENDANCE)							
11. Religious Exemption							
12. Medical Exemption							
13. Laboratory Evidence of Immunity							

For Official Use Only. Do not write in this space.